Section 1: Health Care Claim Payment Advice

Overview

The ASC X12N 835 (004010X091) is the HIPAA-mandated transaction for sending an Electronic Remittance Advice (ERA) to providers.

It is highly recommended that implementers have the following resources available during the development process:

• This document, *Companion Guide – 835 Health Care Claim Remittance Advice*

• ASC X12N 835 (004010X091)

Segment Usage – 835

The following matrix lists all segments available for creation with the 4010 version of the *835 Health Care Claim Payment Advice IG*. The guide includes a *Usage* column that identifies segments that are required, situational, or not used by the ISDH. A required segment element appears for all transactions. A situational segment is not required for each type of transaction; however, a situational segment may be required under certain circumstances. Any data in a segment identified in the *Usage* column with an **X** is never sent by the ISDH. Any segment identified in the *Usage* column as required or situational by the *IG,* and the ISDH, is explained in detail in this section of the companion guide.

Table 3.1 – 835 Segments

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
ST	N/A	Transaction Set Header	R
BPR	N/A	Financial Information	R
TRN	N/A	Resuscitation Trace Number	R
CUR	N/A	Foreign Currency Information	X
REF	N/A	Receiver Identification	S
REF	N/A	Version Identification	X
DTM	N/A	Production Date	R
N1	1000A	Payer Identification	R
N3	1000A	Payer Address	R
N4	1000A	Payer, City, State, ZIP, Code	R
REF	1000A	Additional Payer Identification	X

Table 3.1 – 835 Segments

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
PER	1000A	Payer Contact Information	R
N1	1000B	Payee Identification	R
N3	1000B	Payee Address	S
N4	1000B	Payee City, State, ZIP Code	S
REF	1000B	Payee Additional Identification	S
LX	2000	Header Number	R
TS3	2000	Provider Summary Information	X
TS2	2000	Provider Supplemental Summary Information	X
CLP	2100	Claim Payment Information	R
CAS	2100	Claim Adjustment	S
NM1	2100	Patient Name	R
NM1	2100	Insured Name	X
NM1	2100	Corrected Patient/Insured Name	S
NM1	2100	Service Provider Name	S
NM1	2100	Crossover Carrier Name	X
NM1	2100	Corrected Priority Payer Name	X
MIA	2100	Inpatient Adjudication Information	N/A
MOA	2100	Outpatient Adjudication Information	N/A
REF	2100	Other Claim Related Identification	S
REF	2100	Rendering Provider Identification	S
DTM	2100	Claim Date	S
PER	2100	Claim Contact Information	N/A
AMT	2100	Claim Supplemental Information	N/A
QTY	2100	Claim Supplemental Information Quantity	X
SVC	2110	Service Payment Information	S
DTM	2110	Service Date	S
CAS	2110	Service Adjustment	S
REF	2110	Service Identification	S
REF	2110	Rendering Provider Information	S
AMT	2110	Service Supplemental Amount	N/A
QTY	2110	Service Supplemental Quantity	N/A
LQ	2110	Health Care Remark Codes	S
PLB	N/A	Provider Adjustment	S

Segment ID	Loop ID	Segment Name	ISDH Usage R – Required S – Situational X – Not Used
SE	N/A	Transaction Set Trailer	R

Segment and Data Element Description

This section contains a table representing any segment that is required or situational for the Indiana HIPAA implementation of the 835. Each segment table contains rows and columns describing different elements of the segment.

Segment Name – The industry assigned segment name as identified in the *IG*.

Segment ID – The industry assigned segment ID as identified in the *IG*.

Loop ID – The loop where the segment should appear.

Usage – Identifies the segment as required or situational.

Segment Notes – A brief description of the purpose or use of the segment including ISDH-specific usage.

Example – An example of complete segment.

Element ID – The industry assigned segment ID as identified in the *IG*.

Usage – Identifies the data element as **R**-required, **S**-situational, or N/A-not used.

Guide Description/Valid Values – Industry name associated with the data element. If no industry name exists, this is the *IG* data element name. This column also lists in **BOLD** the values and/or code sets to use.

Comments – Description of the contents of the data elements, including field length.

Segment Name	Transaction Set Header
Segment ID	ST
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Financial Information
Segment ID	BPR
Loop ID	N/A
Usage	Required

Segment Notes	This segment contains financial information relevant to the entity to which any payment is being made.
Example	BPR*I*945*C*ACH**01*888999777*DA*24681012*1935665544* *01*111333555*DA*144444*19960316

Element ID	Usage	Guide Description and Valid Values	Comment
BPR01	R	Transaction handling code **I – Remittance information only** **H – Notification only**	I – This code is issued for fee-for-service claims. H – This code is issued to pass information only without any reference to payment.
BPR02	R	Total actual provider payment amount	The limit for a dollar amount is 11 characters including the decimal point. The 835 is not issued when dollars are less than zero.
BPR03	R	Credit or debit flag code **C – Credit**	This code indicates that the preceding amount is a credit.
BPR04	R	Payment method code **ACH – Automated Clearing House** **CHK – Check** **NON – Non-Payment Data**	ACH – This code is issued when money is moved electronically through the ACH, or to notify the provider that an ACH transfer was requested. When this code is used, information in BPR05 through BPR15 must also be included. CHK – This code is issued when BPR01 contains **I** and indicates a check was issued for payment. NON – This code is issued when the Transaction Handling Code (BPR01) is H, indicating that this is information only and no dollars are to be moved.
BPR05	S	Payment format code **CCP – Cash Concentration/Disbursement plus Addenda (CCD+) (ACH)**	Use the CCD+ format to move money and up to 80 characters of data, enough to reassociate dollars and data when the dollars are sent through the ACH and the data is sent on a separate path. The addenda should contain a copy of the TRN segment.
BPR06	S	Depository financial institution (DFI) identification number qualifier **01 – ABA transit routing number including check digits (9)**	The code *01* is returned in this data element when BPR04 contains a value of ACH; otherwise, the data element will not be returned.
BPR07	S	Sender DFI identifier	This element contains the identifying number of the financial institution and is issued when BPR04 contains ACH; otherwise, the data element will not be returned. If used, the number is 074001035.
BPR08	S	Account number qualifier	An issue qualifier of *DA* is returned

Element ID	Usage	Guide Description and Valid Values	Comment
		DA – Demand deposit	when BPR04 contains ACH; otherwise, the data element will not be returned.
BPR09	S	Sender Bank Account Number	This element contains the bank account number of the payer (8000002). It is only returned when BPR04 is ACH; otherwise, the data element will not be returned.
BPR10	S	Payer identifier **Federal tax ID number 1356000158**	This is the ISDH federal tax ID. It is identical to TRN03.
BPR11	S	Originating company supplemental code	Not used by the ISDH
BPR12	S	Depository financial institution (DFI) identification number qualifier. **01 – ABA transit routing number including check digits (9 digits)**	A value of *01* is returned in this data element when BPR04 contains ACH; otherwise, the data element is not returned.
BPR13	S	Receiver or provider bank ID number	This data element contains the issue bank ID when BPR04 contains ACH. BPR12 and BPR 13 will both contain data if BPR04 = ACH; otherwise, the data elements are not returned.
BPR14	S	Account number qualifier **DA – Demand deposit**	This is used to identify the type of provider financial account. Data is required when BPR04 contains ACH; otherwise, the data element is not returned.
BPR15	S	Receiver or provider account number	The data element contains the provider financial account number and is returned when BPR04 contains ACH; otherwise, the data element is not returned.
BPR16	R	Check issue or EFT effective date	This is the date of the check, funds transfer or system date if no payment is due.
BPR17	N/A	Business function code	Not used
BPR18	N/A	DFI ID number qualifier	Not used
BPR19	N/A	DFI identification number	Not used
BPR20	N/A	Account number qualifier	Not used
BPR21	N/A	Account number	Not used

Segment Name	Reassociation Trace Number
Segment ID	TRN
Loop ID	N/A
Usage	Required
Segment Notes	This segment uniquely identifies this transaction.
Example	TRN*1*71700666555*1935665544

Element ID	Usage	Guide Description and Valid Values	Comments
TRN01	R	Trace type code **1 – Current transaction trace numbers**	Identifies the transaction being referenced.
TRN02	R	Check or EFT trace number	If no payment is made, the text *NO PAYMENT* and a date and time stamp are used instead.
TRN03	R	Payer identifier **Federal tax ID number 1356000158**	This is the ISDH federal tax ID number and is always preceded by **1**. It is identical to BPR10.
TRN04	S	Originating company supplemental code	Not used by the ISDH

Segment Name	Receiver Identification
Segment ID	REF
Loop ID	N/A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Production Date
Segment ID	DTM
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payer Identification
Segment ID	N1
Loop ID	1000A
Usage	Required
Segment Notes	This segment identifies ISDH as the payer.
Example	`N1*PR*ISDH`

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code **PR – Payer**	
N102	S	Name **Children's Special Health Care**	
N103	S	Identification Code Qualifier	Not used by ISDH
N104	S	Identification Code	Not used by ISDH
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Segment Name	Payer Address
Segment ID	N3
Loop ID	1000A
Usage	Required
Segment Notes	This segment provides the ISDH street address.
Example	N3*2 North Meridian Street

Element ID	Usage	Guide Description and Valid Values	Comments
N301	R	Payer address line **2 North Meridian Street**	
N302	S	Payer address line	Not used by ISDH

Segment Name	Payer City, State, ZIP Code
Segment ID	N4
Loop ID	1000A
Usage	Required
Segment Notes	This segment contains the ISDH city, state location, and ZIP code.
Example	N4*Indianapolis*IN*46204

Element ID	Usage	Guide Description and Valid Values	Comments
N401	R	Payer city name **Indianapolis**	
N402	R	Payer state code **IN**	
N403	R	Payer postal zone or ZIP code **46204**	
N404	N/A	Country code	Not used
N405	N/A	Location qualifier	Not used
N406	N/A	Location identifier	Not used

Segment Name	Payer Contact Information
Segment ID	PER01
Loop ID	1000A
Usage	Required
Segment Notes	This segment provides general contact information for ISDH.
Example	PER*CX*CHILDREN'S SPECIAL HEALTH CARE SERVICES*TE*18004751355*TE*3172331351*

Element ID	Usage	Guide Description and Valid Values	Comments
PER01	R	Contact function code	

		CX – Payers claim office	
PER02	R	Payer contact name **Children's Special Health Care**	
PER03	R	Communication number qualifier **TE – Telephone**	
PER04	R	Payer contact communication number **8004751355**	
PER05	S	Communication number qualifier **TE – Telephone**	
PER06	S	Payer contact communication number **3172331351**	
PER07	S	Communication number qualifier	Not used by the ISDH
PER08	S	Payer contact communication number	Not used by the ISDH
PER09	N/A	Contact inquiry reference	Not used

Segment Name	Payee Identification
Segment ID	N1
Loop ID	1000B
Usage	Required
Segment Notes	This segment provides general information about the pay-to provider.
Example	N1*PE*ABC MEDICAL CENTER*FI*777667755

Element ID	Usage	Guide Description and Valid Values	Comments
N101	R	Entity Identifier Code **PE – Payee**	
N102	S	Name	
N103	R	Identification Code Qualifier **FI – Federal taxpayer's identification number**	
N104	R	Identification Code	
N105	N/A	Entity Relationship Code	Not used
N106	N/A	Entity Identifier Code	Not used

Segment Name	Payee Address
Segment ID	N3
Loop ID	1000B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payee City, State, ZIP Code
Segment ID	N4
Loop ID	1000B
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Payee Additional Identification
Segment ID	REF
Loop ID	1000B
Usage	Situational
Segment Notes	This segment contains the provider's ISDH provider number.
Example	REF*PQ*123456

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier **PQ – Payee Identification**	CSHCS provider number
REF02	R	Reference Identification	This is the paid provider's ISDH provider number
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Header Number
Segment ID	LX
Loop ID	2000
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Claim Payment Information
Segment ID	CLP
Loop ID	2100
Usage	Required
Segment Notes	This segment contains information about the claim being reported.
Example	CLP*227821*1*100*50**OF*2002121621544*01*1

Element ID	Usage	Guide Description and Valid Values	Comments
CLP01	R	Claim Submitter's Identifier	This number is assigned by the provider and received in CLM01 of the ASC X12 837 transaction. If a patient control number was not received on the claim, a zero is returned.

Element ID	Usage	Guide Description and Valid Values	Comments
CLP02	R	Claim Status Code **1 – Processed as primary** **2 – Processed as secondary** **4 – Denied** **22 – Reversal of previous payment**	
CLP03	R	Monetary Amount	This represents the submitted charges for the claim. The amount can be zero or less, but the value in BPR02 cannot be negative.
CLP04	R	Monetary Amount	Amount paid for this claim.
CLP05	S	Monetary Amount	Examples include deductible, non-covered services, co-pay, and co-insurance
CLP06	R	Claim Filing Indicator Code **OF – Other Federal Program**	
CLP07	S	Reference Identification	This is the internal control number (ICN) assigned by the ISDH during claim processing.
CLP08	S	Facility Code Value	This code identifies the type of facility where services were performed, the first and second positions of UB *Type of Bill* or *the Place of Service* code from claims. If the claim was submitted via an 837 transaction, this is in CLM05-1.
CLP09	S	Claim Frequency Type Code	Not Used by ISDH
CLP10	N/A	Patient Status Code	Not used
CLP11	S	Diagnosis Related Group (DRG) Code	Not Used by ISDH
CLP12	S	Quantity	Specific to institutional claims
CLP13	S	Percent	Not used by the ISDH

Segment Name	Claim Adjustment
Segment ID	CAS
Loop ID	2100
Usage	Situational
Segment Notes	This segment describes adjustments made at the claim level, as opposed to the service level. Up to six adjustment reason codes can be provided in each CAS segment as long as all apply within the adjustment group code specified in CAS01. This segment is repeated for each claim adjustment group code. There can be up to 99 claim level CAS segments for each claim.
Example	CAS*CO*42*49.50*1

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim adjustment group code **CO – Contractual obligations** **CR – Correction and reversals**	
CAS02	R	Adjustment reason code	This code identifies the detailed reason for the adjustment. See external code source 139 for list of valid codes.
CAS03	R	Adjustment amount	A negative amount increases the payment, and a positive amount decreases the payment contained in CLP04. When the submitted charges are paid in full the value should be zero.
CAS04	S	Adjustment quantity	A negative value increases the paid units of service and a positive number decreases the paid units. This element is only used to adjust the units of service.
CAS05	S	Adjustment reason code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS06	S	Adjustment amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS07	S	Adjustment quantity	The units of service being adjusted. This is used when additional adjustments apply within the group identified in CAS01.
CAS08	S	Adjustment reason code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS09	S	Adjustment amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS10	S	Adjustment quantity	The units of service being adjusted. This is used when additional adjustments apply within the group identified in CAS01.
CAS11	S	Adjustment reason code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of

Element ID	Usage	Guide Description and Valid Values	Comments
			valid codes.
CAS12	S	Monetary amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS13	S	Adjustment quantity	The units of service being adjusted. This is used when additional adjustments apply within the group identified in CAS01.
CAS14	S	Adjustment reason code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS15	S	Adjustment amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS16	S	Adjustment quantity	The units of service being adjusted. This is used when additional adjustments apply within the group identified in CAS01.
CAS 17	S	Adjustment reason code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS18	S	Adjustment amount	The amount of the adjustment. This is used when additional adjustments apply within the group identified in CAS01.
CAS19	S	Adjustment quantity	The units of service being adjusted. This is used when additional adjustments apply within the group identified in CAS01.

Segment Name	Patient Name
Segment ID	NM
Loop ID	2100
Usage	Required
Segment Notes	This segment provides the name of the ISDH Participant ID.
Example	NM1*QC*1*Thomas*Ellen*J***MI*123456

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Claim information level **QC – Patient**	

Element ID	Usage	Guide Description and Valid Values	Comments
NM102	R	Entity type qualifier **1 – Person**	
NM103	R	Patient last name	
NM104	R	Patient first name	
NM105	S	Patient middle name	
NM106	N/A	Name suffix	Not used
NM107	S	Subscriber name suffix	Not used by the ISDH
NM108	S	Identification code qualifier **MI – Member Identification Number**	
NM109	S	Patient identifier	This data element contains the 6 digit ISDH Participant ID and is always returned.
NM110	N/A	Entity relationship code	Not used
NM111	N/A	Entity identifier code	Not used

Segment Name	Corrected Patient/Insured Name
Segment ID	NM1
Loop ID	2100
Usage	Situational
Segment Notes	If submitted patient name is different in ISDH database, this segment will be populated.
Example	NM1*82*2*ABC Insurance Co*****FI*100153999

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Entity Identifier Code **74 – Corrected Insured**	
NM102	R	Entity type qualifier **1 - Person** **2 – Non-person entity**	
NM103	S	Name last or Organization Name	Patient Last Name stored in ISDH database
NM104	S	Name First	Patient First Name stored in ISDH database
NM105	S	Name Middle	Not used by the ISDH
NM106	N/A	Name prefix	Not used
NM107	S	Name Suffix	Not used by the ISDH
NM108	S	Identification code qualifier **C - Insured's Changed Unique Identification Number**	Not used by the ISDH
NM109	S	Identification Code	Not used by the ISDH

| NM110 | N/A | Entity Relationship Code | Not used |
| NM111 | N/A | Entity Identifier Code | Not used |

Segment Name	Service Provider Name
Segment ID	NM1
Loop ID	2100
Usage	Situational
Segment Notes	This segment provides the name and the ISDH provider number of the rendering provider.
Example	NM1*82*2*ABC Insurance Co*****FI*100153

Element ID	Usage	Guide Description and Valid Values	Comments
NM101	R	Claim information level **82 – Rendering provider**	
NM102	R	Entity type qualifier **1 - Person** **2 – Non-person entity**	
NM103	S	Rendering provider last or organization name	This data element contains the rendering provider name.
NM104	S	Rendering provider first name	
NM105	S	Rendering provider middle name	
NM106	N/A	Name prefix	Not used
NM107	S	Rendering provider name suffix	Not used by the ISDH
NM108	R	Identification code qualifier **FI - Federal Taxpayer's Identification Number**	
NM109	R	Rendering provider identifier	
NM110	N/A	Entity relationship code	Not used
NM111	N/A	Entity identifier code	Not used

Segment Name	Other Claim Related Identification
Segment ID	REF
Loop ID	2100
Usage	Situational
Segment Notes	Use this REF segment for reference numbers specific to the claim identified in the CLP segment. This is used to provide additional information used in the process of adjudicating this claim.
Example	REF*EA*666123

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier **F8 – Original reference number**	
REF02	R	Reference Identification	The ICN of the mother claim.
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Rendering Provider Identification
Segment ID	REF
Loop ID	2100
Usage	Situational
Segment Notes	This REF segment should be used to provide reference numbers that are not already identified in NM1 segments within the CLP loop. The NM1 segment should always contain the primary reference number. This segment should only be used when additional reference numbers were submitted on the original claim.
Example	REF*G2*12345678

Element ID	Usage	Guide Description and Valid Values	Comments
REF01	R	Reference Identification Qualifier **G2 – Provider Commercial Number**	
REF02	R	Reference Identification	
REF03	N/A	Description	Not used
REF04	N/A	Reference Identifier	Not used

Segment Name	Claim Date
Segment ID	DTM
Loop ID	2100
Usage	Situational
Segment Notes	Dates must be provided at the claim level (2-050-DTM), the service line level (2-080-DTM), or both. Dates at the claim level apply to the entire claim, including all service lines. Dates at the service line level apply only to the service line where they appear. When claim dates are not provided, service dates are required for every service line. When claim dates are provided, service dates are not required, but they may be used to "override" the claim dates for individual service lines.
Example	DTM*232*20020427

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier **232 – Claim statement period start** **233 – Claim statement period end**	

DTM02	R	Date	Dates appear in CCYYMMDD format.
DTM03	N/A	Time	Not used
DTM04	N/A	Time Code	Not used
DTM05	N/A	Date Time Period Format Qualifier	Not used
DTM06	N/A	Date Time Period	Not used

Segment Name	Service Payment Information
Segment ID	SVC
Loop ID	2110
Usage	Situational
Segment Notes	This segment supplies payment and control information to a provider for a particular service
Example	SVC*HC:99217*91*45.15**1**1

Element ID	Usage	Guide Description and Valid Values	Comments
SVC01	R	Composite Medical Procedure Identifier	This is a composite data element.
SVC01-1	R	Product/Service ID qualifier ISDH code definition **AD – Dental claims** **HC – HCPCS codes** **N4 – National drug code** **NU – UB92 codes**	
SVC01-2	R	Product/Service ID	
SVC01-3	R	Procedure modifier	
SVC01-4	S	Procedure modifier	
SVC01-5	S	Procedure modifier	
SVC01-6	S	Procedure modifier	
SVC01-7	S	Description	
SVC02	R	Monetary Amount	The amount billed for the service.
SVC03	R	Monetary Amount	The amount paid by the ISDH for the service.
SVC04	S	Product/Service ID	This is the revenue code.
SVC05	S	Quantity	This number is the paid units of service or the allowed units.
SVC06	S	Composite medical procedure identifier	This is a composite data element.
SVC06-1	R	Product/Service ID qualifier	Not used by the ISDH
SVC06-2	R	Product/Service ID	Not used by the ISDH
SVC06–3	S	Procedure modifier	Not used by the ISDH
SVC06–4	S	Procedure modifier	Not used by the ISDH
SVC06 – 5	S	Procedure modifier	Not used by the ISDH
SVC06 – 6	S	Procedure modifier	Not used by the ISDH
SVC06 – 7	S	Description	Not used by the ISDH

Element ID	Usage	Guide Description and Valid Values	Comments
SVC07	S	Quantity	

Segment Name	Service Date
Segment ID	DTM
Loop ID	2110
Usage	Situational
Segment Notes	Dates of service at the claim service level are only returned if there is no dates present at the claim header level or if the dates differ from the header level dates.
Example	DTM*151*20020427

Element ID	Usage	Guide Description and Valid Values	Comments
DTM01	R	Date/Time Qualifier **150 – Service period start** **151 – Service period end** **472 - Service**	Date appears in CCYYMMDD format.
DTM02	R	Date	Date appears in CCYYMMDD format.
DTM03	N/A	Time	Not used
DTM04	N/A	Time Code	Not used
DTM05	N/A	Date Time Period Format Qualifier	Not used
DTM06	N/A	Date Time Period	Not used

Segment Name	Service Adjustment
Segment ID	CAS
Loop ID	2110
Usage	Situational
Segment Notes	This segment describes adjustments made for a particular service rendered. Up to six adjustment reason codes can be provided in each CAS segment as long as all apply within the adjustment group code specified in CAS01. This segment repeats for each claim adjustment group code. There can be up to 99 claim level CAS segments for each service.
Example	CAS*PR*12*5

Element ID	Usage	Guide Description and Valid Values	Comments
CAS01	R	Claim adjustment group code **CO – Contractual obligation** **CR – Correction and reversals**	This code identifies the general category of the payment adjustment.
CAS02	R	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. See external code source 139 for list of valid codes.
CAS03	R	Monetary Amount	A negative amount increases the payment, and a positive amount

Element ID	Usage	Guide Description and Valid Values	Comments
			decreases the payment, contained in SVC03. When the submitted charges are paid in full the value should be zero.
CAS04	S	Quantity	A negative value increases the paid units of service and a positive number decreases the paid units of service. This element is only used when the units of service are being adjusted
CAS05	S	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS06	S	Monetary Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS07	S	Quantity	The units of service being adjusted. Used when additional adjustments apply within the group identified in CAS01.
CAS08	S	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS09	S	Monetary Amount	This is the amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS10	S	Quantity	The units of service being adjusted. Used when additional adjustments apply within the group identified in CAS01.
CAS11	S	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS12	S	Monetary Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS13	S	Quantity	The units of service being adjusted. Used when additional adjustments apply within the group identified in CAS01.
CAS14	S	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS15	S	Monetary Amount	The amount of the adjustment. Used when additional adjustments apply

Element ID	Usage	Guide Description and Valid Values	Comments
			within the group identified in CAS01.
CAS16	S	Quantity	The units of service being adjusted. Used when additional adjustments apply within the group identified in CAS01.
CAS17	S	Claim Adjustment Reason Code	This code identifies the detailed reason for the adjustment. It is returned when additional adjustments apply within the group identified in CAS01. See external code source 139 for list of valid codes.
CAS18	S	Monetary Amount	The amount of the adjustment. Used when additional adjustments apply within the group identified in CAS01.
CAS19	S	Quantity	The units of service being adjusted. Used when additional adjustments apply within the group identified in CAS01.

Segment Name	Service Identification
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Rendering Provider Information
Segment ID	REF
Loop ID	2110
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Health Care Remark Codes
Segment ID	LQ
Loop ID	2110
Usage	Situational
Segment Notes	Use this segment to provide informational remarks only. This segment has no impact on the actual payment. Changes in claim payment amounts are provided in the CAS segments.
Example	LQ*HE*12345

Element ID	Usage	Guide Description and Valid Values	Comments
LQ01	R	Code List Qualifier Code **HE – Claim payment remark codes**	
LQ02	R	Industry Code	

Segment Name	Provider Adjustment
Segment ID	PLB
Loop ID	N/A
Usage	Situational
Segment Notes	Follow the HIPAA and A1 IG rules.

Segment Name	Transaction Set Trailer
Segment ID	SE
Loop ID	N/A
Usage	Required
Segment Notes	Follow the HIPAA and A1 IG rules.